



(Photo by Sgt. 1st Class Will Patterson, U.S. Army Africa PAO)

Maj. Gen. Darryl A. Williams, former commander of Joint Force Command–Operation United Assistance, and Maj. Gen. Gary J. Volesky, commanding general of the 101st Airborne Division and current commander of Joint Force Command–Operation United Assistance, speak with a Liberian citizen 20 October 2014 during a visit to a village in rural Liberia. The U.S. Agency for International Development is the lead U.S. government organization for Operation United Assistance. U.S. Africa Command supported the effort by providing command and control, logistics, training, and engineering assets to contain the Ebola virus outbreak in western African nations.

Operation United Assistance

The Initial Response—Setting the Conditions in the Theater

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At the request of the Liberian government, we're going to establish a military command center in Liberia to support civilian efforts across the region—similar to our response after the Haiti earthquake. ... And our forces are going to bring their expertise in command and control, in logistics, in engineering. And our Department of Defense is better at that, our Armed Services are better at that than any organization on Earth.

—President Barack Obama, 16 September 2014

From December 2013 to mid-September 2014, the Ebola virus had swept through Liberia, Guinea, and Sierra Leone, killing thousands and threatening to spread throughout western Africa and beyond. By order of the president of the United States, the U.S. Department of Defense (DOD) established Joint Force Command–United Assistance as part of a unified-action approach to combat the growing Ebola threat. Formed with a core of soldiers from U.S. Army Africa (USARAF), the Army Service component command (ASCC) for U.S. Africa Command (USAFRICOM), Joint Force Command–United Assistance reached a combined strength of 686 personnel before transferring responsibility to the 101st Airborne Division (Air Assault) on 25 October 2014.

The initial phase of Operation United Assistance (OUA) showed that ASCCs play a critical operational role in setting conditions favorable for mission success in a theater (also called setting the theater) and a joint operations area, and in shaping the security environment. This enables joint forces to win in a complex world. USARAF's experiences can inform DOD and its partners in preparing for future humanitarian assistance operations.

The Growth of the Ebola Threat

The Ebola epidemic evolved over many months. The first case in the outbreak was likely a Guinean boy who died in December 2013. From there, the virus spread to Liberia and Sierra Leone through the populations that straddle these three nations' porous borders. In March 2014, the deadly virus was identified as Ebola. By September 2014, the virus had spread throughout western Africa, and isolated cases began to appear in other countries.¹

President Barack Obama viewed Ebola's international spread as a threat to U.S. national interests. The epidemic had grown rapidly, and intervention was required to stem the tide of outbreaks and to

reinforce the overburdened health-care systems of the three significantly affected nations. If the international community did not act, the results could be catastrophic, eroding security and potentially plunging the region into turmoil.

The Response

In light of these circumstances, the president directed a unified-action approach to combat the Ebola epidemic, with the U.S. Agency for International Development (USAID) designated as the lead federal agency. Additionally, during a 16 September 2014 speech at the Centers for Disease Control and Prevention (CDC) in Atlanta, the president directed the DOD to provide support to the USAID Disaster Assistance Response Team that had been activated on 5 August 2014.² He specifically tasked DOD to provide command and control (C2), logistics, and engineering capabilities and expertise.

In August and September 2014, USAFRICOM issued a series of warning orders directing component commands to begin planning OUA, focusing planning efforts and directing support to USAID. With the 12 September 2014 warning order in hand, USARAF conducted detailed contingency planning.

Subsequently, the USARAF commander selected a team of thirteen personnel, including much of the primary staff, to travel to Liberia to conduct a leader's reconnaissance. The team arrived in Monrovia, Liberia, on 16 September 2014, intending to stay only a few days and return to Italy where it would shape USARAF's plan. The president's speech at the CDC on the same day accelerated the planning efforts. The joint force command (JFC) also sent an advance party to Liberia.

The notification that USARAF was to stand up a joint task force (soon changed to a JFC) to conduct support operations in Liberia coincided with exercise Lion Focus 14, a joint exercise designed to certify USARAF as a joint task force. As

a result, a number of personnel from the Joint Staff and U.S. Transportation Command's Joint Enabling Capabilities Command (JECC) were present for the Lion Focus exercise at USARAF headquarters in Vicenza, Italy. Once USARAF received notification to begin planning OUA, the focus quickly shifted from the notional scenario of Lion Focus 14 to real-world planning and execution of OUA. The JECC and Joint Staff personnel rapidly integrated with the USARAF staff, providing critical support, guidance, and subject matter expertise.

Forming the Joint Force

As an ASCC without assigned forces, the first step in leading a JFC was to build one. A theater army's roles and functions, however, do not normally include acting as a JFC.³ When USARAF needs to obtain forces for steady-state missions, USARAF requirement managers request allocation of external forces within a rolling two-year window prior to execution. For OUA, this deliberative paradigm would not work. The nature of the crisis required USARAF to organize and resource a JFC by using assigned and allocated forces within USAFRICOM. These were augmented by JECC planners, whose missions were changed through expedited collaboration with U.S. Transportation Command and the Joint Staff in accordance with the broader Global Force Management Implementation Guidance and Procedures.⁴

To accomplish this, USARAF pursued three lines of effort. First, USARAF deployed its expeditionary



(U.S. Navy photo by Chief Petty Officer Jerrold Diederich)
Navy Lt. Jose Garcia inspects specimen labels and prepares for the first step in sample processing 6 October 2014 at a Naval Medical Research Center mobile laboratory on Bushrod Island, Liberia.

command post comprising the remnants of the doctrinal contingency command post, which had been cut from ASCCs as part of force structure reductions. Second, USAFRICOM approved integrating the JECC to fill joint manning document positions

and directed the support of fellow USAFRICOM components. Third, USARAF relied on its main command post in Vicenza, integrating key specialties from across the staff to support forward operations in Liberia and enabling USARAF to act as its own land component command. This impromptu approach allowed USARAF to rapidly build a JFC capable of meeting immediate mission requirements. However, assigned forces would have enabled more

detailed planning and reduced operational risk that accrued over time.

Operational Approach

From 16 September until the transfer of authority on 25 October, USARAF led the JFC. The mission was to support U.S. humanitarian assistance efforts, led by USAID, in support of the international effort to contain Ebola. USAFRICOM directed the JFC to perform the following key tasks:

- ◆ Establish a JFC headquarters for C2 of military activities and to coordinate U.S. government interagency and foreign international relief efforts.
- ◆ Establish an engineering capability in Liberia to provide site selection and construction of Ebola treatment units (ETUs), the Monrovia Medical Unit, medical training sites, and logistical support areas.
- ◆ Establish a training capability able to train five hundred health-care workers per week.
- ◆ Enforce force health and protection measures to mitigate environmental threats and to protect key personnel, equipment, facilities, and infrastructure.
- ◆ Establish and sustain an intermediate staging base in western Africa to support operations.
- ◆ Transition to civil control after setting the conditions.

Within the context of joint operations under a geographic combatant command such as USAFRICOM, ASCCs are uniquely qualified to set the theater by providing a mix of speed and posture not inherent in other Army organizations. Even with the recent force structure reductions, ASCCs provide the DOD an early-entry capability, including C2, engineering, logistics, and medical capabilities. Our experience on the continent was invaluable in setting the theater and setting the joint operations area. The JFC focused its efforts across four primary lines of



(Photo by Sgt. 1st Class Brien Vorhees, 55th Signal Company (Combat Camera))

A worker decontaminates a caregiver as the caregiver leaves the patient area of an active Ebola treatment center 22 November 2014 in Suakoko, Liberia. The treatment center was constructed in support of Operation United Assistance.

effort: C2, engineering support, medical support, and sustainment.

Command and control. USARAF organized its C2 into three cells: a forward-stationed command cell, a joint operations center split between Liberia and Vicenza, and USARAF's main command post in Vicenza.

The JFC commander established his forward office in the U.S. embassy in Monrovia, Liberia, with the command sergeant major, political advisor, and a small support staff. The location and composition of the C2 node was chosen to facilitate communication with the U.S. embassy and other interagency partners, nongovernmental organizations (NGOs), and private industry. He focused his efforts on coordination with senior leaders of partner organizations and worked to develop relationships with U.S. Ambassador Deborah R. Malac and with Bill Berger, the USAID Disaster Assistance Response Team leader. Berger had also established his operations center in the embassy.

The JFC set up offices in a forward joint operations center approximately thirty minutes from the embassy, focused on overseeing engineering, medical, and sustainment efforts on the ground. However, a sizeable portion of personnel on the joint manning document did not push forward to Liberia due to concerns over sustainment capacity in Monrovia.⁵ As such, a large portion of C2 and planning capacity remained with the Joint Operations Center–Rear at Caserma Del Din in Vicenza. External to OUA, the USARAF main command post provided reach-back support as needed and continued its steady-state mission overseeing U.S. Army operations for the entire African continent.

This integrated, distributed C2 structure ensured maximum forces forward while retaining flexibility and depth to adapt to the changing conditions in Liberia. Through this structure, USARAF supported the other three lines of effort: engineering support, medical support, and sustainment.

Engineering support. The engineering effort focused on three components: building a twenty-five bed hospital to treat international aid workers, constructing twelve ETUs, and providing sustainment for the JFC.

The first effort was a twenty-five bed hospital, known as the Monrovia Medical Unit. The construction of this hospital was a critical element of the U.S.

plan, providing reliable health care for international health workers in Liberian treatment facilities. Staffed by uniformed officers from the U.S. Public Health Service, the Monrovia Medical Unit ensured that international health-care workers would have access to reliable and effective health care if they contracted the Ebola virus.

The second effort was the construction of twelve ETUs, built in coordination with several NGOs. The ETUs were temporary facilities that would receive, triage, and treat suspected Ebola treatment patients. USAID prioritized its construction based on the spread of the virus and rates of contraction. USAID's strategy was to attack the virus where its concentrations were strongest.⁶

The third engineering effort directly supported the JFC by setting conditions for sustainment. This effort focused on the important task of planning and constructing lodging for JFC service members. It also involved identifying suitable locations to establish sustainment areas and obtaining the real estate agreements to allow construction.

These efforts leveraged interorganizational coordination through established ASCC relationships. Contracting played a major part in all the efforts, particularly with horizontal construction (e.g., roads and airfields). Navy Seabees allocated to Combined Joint Task Force–Horn of Africa arrived in Liberia on 23 September. The Armed Forces of Liberia supported ETU construction in conjunction with U.S. mentors from Operation Onward Liberty, an ongoing program to improve the Liberian military's professionalism and capability. Liberian participation on the engineer teams demonstrated the Liberian people's resilience and strength as they worked with us to overcome the challenge of Ebola.

Medical support. The medical effort focused on two key components: JFC health protection and support to international response elements.

Health protection began with educating personnel on the science behind Ebola and its transmission—essential in countering the “fearbola” that was rampant in the press.⁷ The greatest threats to the joint force were, in fact, malaria and motor vehicle accidents. Malaria education and prophylaxis were essential in preventing malarial disease. Given the very real threat of trauma from motor vehicle accidents, the JFC leveraged

the Forward Resuscitative Surgical System from the Special-Purpose Marine Air-Ground Task Force to provide Level II care.⁸ MV-22 Osprey aircraft from the same force provided on-call casualty evacuation.

Externally, the JFC rapidly leveraged Navy and Army capabilities to provide six mobile labs that could test for Ebola. Given the paucity of infrastructure in Liberia, it had been taking four to five days for a care provider to get lab results confirming a case of Ebola. The mobile labs allowed for Ebola determination in three to four hours, which significantly changed the rate of detection and, therefore, of containment. These labs' geographic disbursement provided both direct and regional support to ETUs.

In addition to the labs, the JFC established a five-day training program for Ebola care providers focused on the disciplined donning and doffing of personal protective equipment as well as the clinical assessment of patients. This instruction occurred in a fixed facility in Monrovia and elsewhere through mobile training teams. This training leveraged DOD's ability to provide a clinically agile and disciplined force able to effectively train a detailed process. Given Ebola's high mortality rate and the lack of advanced medical treatment, many NGOs had left Liberia, and many Liberian health-care workers were on strike. The Monrovia Medical Unit was established to assure all national and international Ebola responders that care was available to them. Assured access to care at this facility was the most common request from partnering militaries before providing their personnel to support the Ebola fight.

Sustainment. Sustainment efforts focused on enabling medical and engineering tasks and establishing the expeditionary infrastructure needed to sustain the flow of personnel and equipment. Sustainment challenges inherent to operating in Africa include vast distances over a generally inadequate transportation infrastructure. The initial planning guidance only directed the delivery of 2,500 cots, but it rapidly expanded to include directing extensive construction efforts for ETUs, establishing training programs, and delivering supplies across Liberia in the rainy season. Force flow and sustainment quickly became a balancing act between throughput capacity in Monrovia and the forces required to increase that capacity to enable the mission.

Our experience on the continent enabled us to leverage joint logistic capabilities that most operational

Army headquarters do not regularly exercise, such as those provided by the Defense Logistics Agency, Air Mobility Command, Surface Deployment Distribution Command, and U.S. Transportation Command. Prior to the mission transition on 25 October 2014, the JFC moved almost seven hundred U.S. service members to the region. This team designed and constructed the Monrovia Medical Unit, mobile labs, and a medical training facility. It fulfilled nineteen taskings from the USAID mission tasking matrix, delivered 106 tents and 4,400 cots, established air and seaports of debarkation in Liberia and Senegal, established an intermediate staging base in Senegal, and executed ninety-four contracts valued at more than \$57 million.

Beyond the Lines of Effort

In addition to C2, engineering, medical, and sustainment, the JFC also worked to build relationships with partners. The previously established role of USARAF as a trusted and respected partner in both the interagency context and the international context (on the African continent) was critical to the JFC's success. These efforts were supported by robust strategic communications. They set the conditions for a successful transition with the 101st Airborne Division.

Relationships played a key role in enabling rapid synchronization with the Armed Forces of Liberia and the U.S. embassy team to set the theater and shape the security environment. Working with the U.S. Department of State in Monrovia and the USAID teams in the field, the JFC reinforced their efforts with robust planning capability. The embedded mentors from USAFRICOM's Operation Onward Liberty bridged initial gaps between the JFC headquarters and Liberian military leaders. The Marine Corps and the Michigan Army National Guard had been working with the Armed Forces of Liberia for five years. The majority of OUA missions were joint and partnered efforts, with the Armed Forces of Liberia supplying personnel and leadership. Immediately on arrival, the JFC commander's top priority was establishing relationships with Liberian President Ellen Johnson Sirleaf and Ambassador Malac.

Good support policies for U.S. family members and effective strategic communication were vital. For example, the first indications of a need for controlled monitoring of U.S. service members became apparent



(Photo by Pfc. Craig Philbrick, U.S. Army Africa)

Air Force personnel from the 633rd Medical Group, Langley Air Force Base, Virginia, erect a tent at the Monrovia Medical Unit site 9 October 2014 in Monrovia, Liberia.

approximately one week before redeployment, and became policy as the first group was leaving Liberia.⁹ Given the understandable anxiety many people around the world felt about this frightening disease, it was imperative to communicate these policy changes accurately to nervous family members, the Italian community, and the U.S. population in order to influence the narrative and prevent misinformation.

While an ASCC is capable of rapidly opening and setting the conditions in the theater, retaining command of the Ebola response mission would have come at a cost to other theater army responsibilities. From the outset of mission receipt, USARAF understood that it would not provide the enduring solution to the U.S. government's Ebola fight.

Transition planning began almost immediately and was facilitated by the 101st Division headquarters sending a planning team to Vicenza early with only a warning order from U.S. Forces Command

(FORSCOM). After receiving the official unit deployment order, that team was in Liberia the following day. Leading up to the October transition of authority, the two staff headquarters conducted numerous video conferences linking Fort Campbell, Vicenza, and Liberia.

Transition challenges included determining what roles and responsibilities USARAF would continue to execute posttransition. Existing execution orders and doctrine at the time did not address an ASCC's administrative control (ADCON) responsibilities for the allocated units or attached units. The JFC and deploying units were under operational control of USAFRICOM; neither the Department of the Army nor FORSCOM directed shared ADCON authority. For OUA, FORSCOM and the deployed unit's higher headquarters continued to exercise functions most often associated with ADCON. To address the ambiguity surrounding ADCON authorities, the USARAF and the 101st Airborne Division headquarters

defined the pre- and post-transition support requirements. USARAF captured and published the roles and responsibilities in the final JFC operation order before the mission transition. These roles include managing the joint integration needed to acquire allocated forces and lift capability. The doctrinal gap has since been filled by Army Techniques Publication (ATP) 3-93, *Theater Army Operations*.¹⁰

Lessons Learned and Recommendations

Our observations during OUA can inform DOD and its interagency partners as we prepare for future expeditionary humanitarian assistance operations. These lessons include the following:

- ◆ Doctrine and training for humanitarian assistance operations continue to lag. There is a need to develop an interagency “playbook” that guides a whole-of-government approach. This should codify duties and responsibilities of U.S. agency partners for humanitarian assistance operations such as responding to epidemics. The Department of State and DOD must cooperate to conduct planning and exercises focused on a U.S. response to likely future epidemic scenarios.
- ◆ To support exercises and actual mission execution, the Army must develop a common operating picture shareable with U.S. agency partners and external partners such as the United Nations and

NGOs. USAID’s mission tasking matrix must be focused at the JFC level. The JFC was able to adjust to the mission-tasking process, when needed, during the operation. However, approval for projects in a rapidly changing environment should not be at secretary level.

- ◆ The ASCC, with or without assigned forces, plays a key role in enabling full-spectrum U.S. humanitarian assistance response exercises. However, DOD is not the lead agency in humanitarian assistance missions. Joint forces need to exercise this type of scenario together with government partners and with agencies such as USAID in the lead.

Conclusion

Operation United Assistance demonstrated the invaluable role an ASCC plays in opening and setting the theater. ASCCs possess inherent expeditionary sustainment and C2 experience at the theater level, providing operational agility and the expertise to tap into resources across the unified action community. Speed was imperative to counter the Ebola disease, and only USARAF had the relationships, skill sets, and capacity already integrated to meet the initial requirements. The Army must continue to maintain these expeditionary capabilities in support of the joint force. Finally, the strength and resiliency of the Liberian people inspire us. Their spirit is the true cause behind the continued success in the fight against Ebola. ■

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Notes

Epigraph. President Barack Obama, "Remarks by the President on the Ebola Outbreak" (speech, Centers for Disease Control and Prevention, Atlanta, GA, 16 September 2014), text available at The White House website, <http://www.whitehouse.gov/the-press-office/2014/09/16/remarks-president-ebola-outbreak>, accessed 18 February 2015.

1. David Hudson, "A Major Increase in Our Response to the Ebola Outbreak," The White House Blog, 16 September 2014, <http://www.whitehouse.gov/blog/2014/09/16/major-increase-our-response-ebola-outbreak>, accessed 18 February 2015. See also the Centers for Disease Control website for more information on Ebola, <http://www.cdc.gov/vhf/ebola/index.html>, accessed 15 April 2015.

2. President Barack Obama, 16 September 2014 speech (see epigraph).

3. Army Techniques Publication (ATP) 3-93, *Theater Army Operations* (Washington, DC: U.S. Government Printing Office [GPO], November 2014).

4. Joint Publication 3-35, *Deployment and Redeployment Operations* (Washington, DC: U.S. GPO, 31 January 2013).

5. Until sufficient sustainment could be established, JFC personnel were lodged in embassy-approved hotels in and around Monrovia. The JFC quickly overwhelmed this capacity.

6. Nancy Lindborg, "An Unprecedented Response to the Ebola Crisis," USAID Blog, 17 September 2014, <http://blog.usaid.gov/2014/09/an-unprecedented-response-to-the-ebola-crisis/>, accessed 18 February 2015.

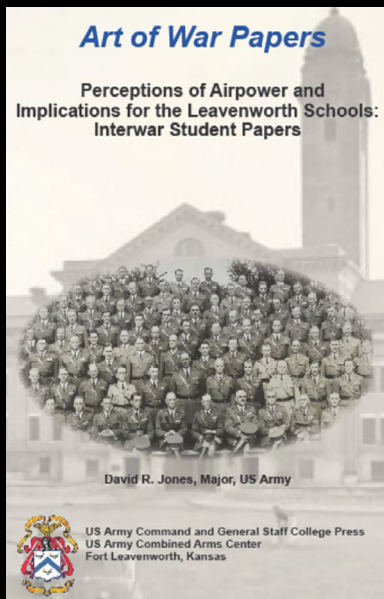
7. Mark Drajem, "'Fearbola' Spreads as Virus Disrupts Flights, Classes," Bloomberg Business.com, 23 October 2014, <http://www.bloomberg.com/news/articles/2014-10-23/fearbola-spreads-as-virus-disrupts-flights-classes>, accessed 18 February 2015.

8. Level II care consists of surgical resuscitation provided by highly mobile forward surgical teams that directly support combatant units in the field.

9. Jessica L. Wright, "Pre-Deployment, Deployment, and Post-Deployment Training, Screening, and Monitoring Guidance for Department of Defense Personnel Deployed to Ebola Outbreak Areas—Change 1," Under Secretary of Defense memorandum, 31 October 2014, http://www.defense.gov/home/features/2014/1014_ebola/docs/Pre-Post-Deployment-Training-Screening-Monitoring-Guidance-for-DoD.pdf, accessed 8 April 2015.

10. ATP 3-93, para. 1-23. "The theater army headquarters is responsible for ADCON of all Army forces in the AOR [area of responsibility] in peacetime and wartime. ... As an ASCC, the theater army retains these responsibilities regardless of tasks delegated to another component commander or a non-Army JFC."

MR We Recommend



Challenging the "School Solution" at Fort Leavenworth

Today's CGSOC students receive advanced instruction in critical thinking, a process essential to adaptive leadership. As David Jones' new study demonstrates, critical thinking is not new to Army education. In *Perceptions of Airpower and Implications for the Leavenworth Schools*, Jones examines how the students in the Command and General Staff School during the interwar period used critical processes to understand the new concept of airpower. The intellectual work of these officers, who would become the architects of victory in the Second World War, reveals how critical thinking shaped their appreciation of airpower's impact on doctrine, organization, training, and materiel.